 <p>FORM R</p> <p>Section 313 of the Emergency Planning and Community Right-to-Know Act of 1986, also Known as Title III of the Superfund Amendments and Reauthorization Act</p>		TRI Facility ID Number	
		98108RLMJR8531E	
		Toxic Chemical, Category or Generic Name	
		Chromium	
<p>WHERE TO SEND COMPLETED FORMS: 1. TRI Data Processing Center P. O. Box 1513 Lanham, MD 20703-1513 ATTN: TOXIC CHEMICAL RELEASE INVENTORY</p> <p>2. APPROPRIATE STATE OFFICE (See instructions in Appendix F)</p>			
<p>Enter "X" here if this is a revision <input checked="" type="checkbox"/> For EPA use only</p>			
<p>IMPORTANT: See instructions to determine when "Not Applicable (NA)" boxes should be checked.</p>			
<p>PART 1. FACILITY IDENTIFICATION INFORMATION</p>			
<p>SECTION 1. REPORTING YEAR 2004</p>			
<p>SECTION 2. TRADE SECRET INFORMATION</p>			
<p>2.1 Are you claiming the toxic chemical identified on page 2 trade secret?</p> <p><input type="checkbox"/> Yes (Answer question 2.2; Attach substantiation forms) <input checked="" type="checkbox"/> No (Do not answer 2.2; Go to Section 3)</p> <p>2.2 Is this copy <input type="checkbox"/> Sanitized <input type="checkbox"/> Unsanitized (Answer only if "YES" in 2.1)</p>			
<p>SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.)</p> <p>I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.</p>			
Name and official title of owner/operator or senior management official:		Signature	Date Signed:
Ronald Altier, Vice President Administration		<i>Ronald Altier</i>	6/29/05
<p>SECTION 4. FACILITY IDENTIFICATION</p>			
4.1 Facility or Establishment Name		TRI Facility ID Number	
Jorgensen Forge Corporation		98108RLMJR8531E	
Facility or Establishment Name or Mailing Address (If different from street address)		Mailing Address	
Street		City/State/Zip Code	
8531 E Marginal Way S		Tukwila, King County WA 98108	
City/County/State/Zip Code		Country (Non-US)	
4.2 This report contains information for:		Country (Non-US)	
Important: Check a or b; check c or d if applicable) a. <input checked="" type="checkbox"/> An entire facility b. <input type="checkbox"/> Part of a facility c. <input type="checkbox"/> A Federal facility d. <input type="checkbox"/> GOCO			
4.3 Technical Contact Name		Telephone Number (include area code)	
Ronald Altier		(206) 676-9249	
Email Address			
raltier@jorgensenforge.com			
4.4 Public Contact Name		Telephone Number (include area code)	
Ronald Altier		(206) 676-9249	
4.5 SIC Code(s) (4 digits)			
Primary a. 3462 b. c. d. e. f.			
4.6 Latitude		Longitude	
Degrees Minutes Seconds		Degrees Minutes Seconds	
047 31 31		122 18 18	
4.7 Dun & Bradstreet Number(s) (9 digits)		4.8 EPA Identification Number (RCRA ID No.) (12 characters)	
a. 790885842 b.		a. WAD000602813 b.	
4.9 Facility NPDES Permit Number(s) (9 characters)		4.10 Underground Injection Well Code (UIC) I.D. Number(s) (12 digits)	
a. NA b.		a. NA b.	
<p>SECTION 5. PARENT COMPANY INFORMATION</p>			
5.1 Name of Parent Company		NA <input checked="" type="checkbox"/>	
5.2 Parent Company's Dun & Bradstreet Number		NA <input checked="" type="checkbox"/>	

FORM R**PART II. TOXIC CHEMICAL RELEASE INVENTORY REPORTING FORM**

TRI Facility ID Number

98108RLMJR8531E

Toxic Chemical, Category or Generic Name

Chromium

SECTION 1. TOXIC CHEMICAL IDENTITY

(Important: DO NOT complete this section if you completed Section 2 below.)

1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.) 7440-47-3																																		
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.) Chromium																																		
1.3	Generic Chemical Name (Important: Complete only if Part I, Section 2.1 is checked "yes". Generic Name must be structurally descriptive.)																																		
1.4	Distribution of Each Member of the Dioxin and Dioxin-like Compounds Category. (If there are any numbers in boxes 1-17, then every field must be filled in with either 0 or some number between 0.01 and 100. Distribution should be reported in percentages and the total should equal 100%. If you do not have specification data available, indicate NA.)																																		
	<table border="1"><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td><td>17</td></tr><tr><td>NA</td><td>X</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	NA	X															
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17																			
NA	X																																		

SECTION 2. MIXTURE COMPONENT IDENTITY

(Important: DO NOT complete this section if you completed Section 1 above.)

2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces and punctuation.)
-----	---

SECTION 3. ACTIVITIES AND USES OF THE TOXIC CHEMICAL AT THE FACILITY

(Important: Check all that apply.)

3.1	Manufacture the toxic chemical:	3.2	Process the toxic chemical:	3.3	Otherwise use the toxic chemical:
a. <input checked="" type="checkbox"/> Produce	b. <input type="checkbox"/> Import	a. <input type="checkbox"/> As a reactant	b. <input type="checkbox"/> As a formulation component	a. <input type="checkbox"/> As a chemical processing aid	b. <input type="checkbox"/> As a manufacturing aid
If produce or import		c. <input checked="" type="checkbox"/> As an article component	d. <input type="checkbox"/> Repackaging	c. <input type="checkbox"/> Ancillary or other use	
c. <input type="checkbox"/> For on-site use/processing	d. <input type="checkbox"/> For sale/distribution	e. <input type="checkbox"/> As an impurity			
e. <input type="checkbox"/> As a byproduct	f. <input checked="" type="checkbox"/> As an impurity				

SECTION 4. MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ONSITE AT ANY TIME DURING THE CALENDAR YEAR

4.1	03 (Enter two digit code from instruction package.)
-----	---

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE

	A. Total Release (pounds/year*) (Enter a range code** or estimate)	B. Basis of Estimate (enter code)	C. % From Stormwater
5.1 Fugitive or non-point air emissions	NA <input checked="" type="checkbox"/>		
5.2 Stack or point air emissions	NA <input checked="" type="checkbox"/>		
5.3 Discharges to receiving streams or water bodies (enter one name per box)			
Stream or Water Body Name			
5.3.1	NA		
5.3.2	NA		
5.3.3	NA		

If additional pages of Part II, Section 5.3 are attached, indicate the total number of pages in this box and indicate the Part II, Section 5.3 page number in this box.

(example: 1,2,3, etc.)

FORM R**PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)**

TRI Facility ID Number

98108RLMJR8531E

Toxic Chemical, Category or Generic Name

Chromium

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE (continued)

	NA	A. Total Release (pounds/year*) (enter range code ** or estimate)	B. Basis of Estimate (enter code)
5.4.1 Underground Injection onsite to Class I Wells	<input checked="" type="checkbox"/>		
5.4.2 Underground Injection onsite to Class II-V Wells	<input checked="" type="checkbox"/>		
5.5 Disposal to land onsite			
5.5.1A RCRA Subtitle C landfills	<input checked="" type="checkbox"/>		
5.5.1B Other landfills	<input checked="" type="checkbox"/>		
5.5.2 Land treatment/application farming	<input checked="" type="checkbox"/>		
5.5.3A RCRA Subtitle C surface impoundments	<input checked="" type="checkbox"/>		
5.5.3B Other surface impoundments	<input checked="" type="checkbox"/>		
5.5.4 Other disposal	<input checked="" type="checkbox"/>		

SECTION 6. TRANSFERS OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS**6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)****6.1.A Total Quantity Transferred to POTWs and Basis of Estimate**

6.1.A.1 Total Transfers (pounds/year*) (enter range code ** or estimate)	6.1.A.2 Basis of Estimate (enter code)

6.1.B	POTW Name	
POTW Address		
City	State	County
Zip		
6.1.B	POTW Name	
POTW Address		
City	State	County
Zip		

If additional pages of Part II, Section 6.1 are attached, indicate the total number of pages in this box and indicate the Part II, Section 6.1 page number in this box (example: 1,2,3, etc.)

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

6.2	Off-Site EPA Identification Number (RCRA ID No.)	ORD 089452353
Off-Site Location Name		
Chemical Waste Management of the Northwest		
Off-Site Address		
17629 Cedar Springs Lane		
City	State	County
Arlington	Oregon	Gilliam
Zip	97812	Country (Non-US)
Is location under control of reporting facility or parent company?		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

FORM R PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)						TRI Facility ID Number 98018RLMJR8531E	
						Toxic Chemical, Category or Generic Name Chromium	
SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS (CONTINUED)							
A. Total Transfers (pounds/year*) (enter range code**or estimate)		B. Basis of Estimate (enter code)		C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)			
1. 6,557		1.		1. M ₄₁			
2.		2.		2. M			
3.		3.		3. M			
4.		4.		4. M			
6.2 Off-Site EPA Identification Number (RCRA ID No.)						ORQ000014886	
Off-Site Location Name		Wasco County Landfill					
Off-Site Address		2550 Steele Road					
City	The Dalles	State	OR	County	Wasco	Zip	97058
				Country (Non-US)			
Is location under control of reporting facility or parent company? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
A. Total Transfers (pounds/year*) (enter range code**or estimate)		B. Basis of Estimate (enter code)		C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)			
1. 6,400		1.		1. M			
2.		2.		2. M			
3.		3.		3. M			
4.		4.		4. M			
SECTION 7A. ON-SITE WASTE TREATMENT METHODS AND EFFICIENCY							
<input checked="" type="checkbox"/> Not Applicable (NA) - Check here if no on-site waste treatment is applied to any waste stream containing the toxic chemical or chemical category.							
a. General Waste Stream (enter code)	b. Waste Treatment Method(s) Sequence [enter 3-character code(s)]				c. Range of Influent Concentration	d. Waste Treatment Efficiency Estimate	e. Based on Operating Data?
7A.1a	7A.1b	1	2	7A.1c	7A.1d	7A.1e	
	3	4	5		%	Yes	No
	6	7	8			<input type="checkbox"/>	<input type="checkbox"/>
7A.2a	7A.2b	1	2	7A.2c	7A.2d	7A.2e	
	3	4	5		%	Yes	No
	6	7	8			<input type="checkbox"/>	<input type="checkbox"/>
7A.3a	7A.3b	1	2	7A.3c	7A.3d	7A.3e	
	3	4	5		%	Yes	No
	6	7	8			<input type="checkbox"/>	<input type="checkbox"/>
7A.4a	7A.4b	1	2	7A.4c	7A.4d	7A.4e	
	3	4	5		%	Yes	No
	6	7	8			<input type="checkbox"/>	<input type="checkbox"/>
7A.5a	7A.5b	1	2	7A.5c	7A.5d	7A.5e	
	3	4	5		%	Yes	No
	6	7	8			<input type="checkbox"/>	<input type="checkbox"/>
If additional pages of Part II, Section 6.2/7A are attached, indicate the total number of pages in this box <input type="text"/> and indicate the Part II, Section 6.2/7 page number in this box: <input type="text"/> (example: 1,2,3,etc.)							

FORM R**PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)**

TRI Facility ID Number

98108RLMJR8531E

Toxic Chemical, Category or Generic Name

Chromium

Chromium

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES☒ Not Applicable (NA) - Check here if no on-site energy recovery is applied to any waste stream containing the toxic chemical or chemical category.

Energy Recovery Methods [enter 3-character code(s)]

1

2

3

SECTION 7C. ON-SITE RECYCLING PROCESSES☒ Not Applicable (NA) - Check here if no on-site recycling is applied to any waste stream containing the toxic chemical or chemical category.

Recycling Methods [enter 3-character code(s)]

1

2

3

4

5

6

7

8

9

10

SECTION 8. SOURCE REDUCTION AND RECYCLING ACTIVITIES

		Column A Prior Year (pounds/year*)	Column B Current Reporting Year (pounds/year*)	Column C Following Year (pounds/year*)	Column D Second Following Year (pounds/year*)
8.1					
8.1a	Total on-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	NA	NA	NA	NA
8.1b	Total other on-site disposal or other releases	NA	NA	NA	NA
8.1c	Total off-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	24,287	6,557-6,400	7,233-7,000	7,934-7,700
8.1d	Total other off-site disposal or other releases	NA	NA-6,600	NA-7,300	NA-8,000
8.2	Quantity used for energy recovery onsite	NA	NA	NA	NA
8.3	Quantity used for energy recovery offsite	NA	NA	NA	NA
8.4	Quantity recycled onsite	NA	NA	NA	NA
8.5	Quantity recycled offsite	NA	NA	NA	NA
8.6	Quantity treated onsite	NA	NA	NA	NA
8.7	Quantity treated offsite	NA	NA	NA	NA
8.8	Quantity released to the environment as a result of remedial actions, catastrophic events, or one-time events not associated with production processes (pounds/year)*				
8.9	Production ratio or activity index	$\frac{2004}{2003} = \frac{6227}{3738} = 1.66$			
8.10	Did your facility engage in any source reduction activities for this chemical during the reporting year? If not, enter "NA" in Section 8.10.1 and answer Section 8.11.				
	Source Reduction Activities [enter code(s)]	Methods to Identify Activity (enter codes)			
8.10.1	NA	a.	b.	c.	
8.10.2		a.	b.	c.	
8.10.3		a.	b.	c.	
8.10.4		a.	b.	c.	
8.11	Is additional information on source reduction, recycling, or pollution control activities included with this report? (Check one box)			Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

<p>FORM R</p> <p>Section 313 of the Emergency Planning and Community Right-to-Know Act of 1986, also Known as Title III of the Superfund Amendments and Reauthorization Act</p>		TRI Facility ID Number	
		98108RLMJR8531E	
		Toxic Chemical, Category or Generic Name	
		Manganese	
WHERE TO SEND COMPLETED FORMS: 1. TRI Data Processing Center P. O. Box 1513 Lanham, MD 20703-1513 ATTN: TOXIC CHEMICAL RELEASE INVENTORY			2. APPROPRIATE STATE OFFICE (See instructions in Appendix F)
			Enter "X" here if this is a revision <input checked="" type="checkbox"/> For EPA use only
IMPORTANT: See instructions to determine when "Not Applicable (NA)" boxes should be checked.			
PART 1. FACILITY IDENTIFICATION INFORMATION			
SECTION 1. REPORTING YEAR <u>2004</u>			
SECTION 2. TRADE SECRET INFORMATION			
2.1	Are you claiming the toxic chemical identified on page 2 trade secret? <input type="checkbox"/> Yes (Answer question 2.2; Attach substantiation forms) <input checked="" type="checkbox"/> No (Do not answer 2.2; Go to Section 3)		2.2 Is this copy <input type="checkbox"/> Sanitized <input type="checkbox"/> Unsanitized (Answer only if "YES" in 2.1)
SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.) I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.			
Name and official title of owner/operator or senior management official:		Signature:	Date Signed:
Ronald Altier, Vice President Administration		<i>Ronald Altier</i>	6/29/05
SECTION 4. FACILITY IDENTIFICATION			
4.1	TRI Facility ID Number		98108RLMJR8531E
Facility or Establishment Name		Facility or Establishment Name or Mailing Address (If different from street address)	
Jorgensen Forge Corporation			
Street		Mailing Address	
8531 E Marginal Way S			
City/County/State/Zip Code		Country (Non-US)	
Tukwila, King County WA 98108			
4.2	This report contains information for: (Important: Check a or b; check c or d if applicable) a. <input checked="" type="checkbox"/> An entire facility b. <input type="checkbox"/> Part of a facility c. <input type="checkbox"/> A Federal facility d. <input type="checkbox"/> GOCO		
4.3	Technical Contact Name		Telephone Number (include area code)
	Ronald Altier		(206) 676-9249
	Email Address		
	raltier@jorgensenforge.com		
4.4	Public Contact Name		Telephone Number (include area code)
	Ronald Altier		(206) 676-9249
4.5	SIC Code(s) (4 digits)		
	Primary a. 3462	b.	
4.6	Latitude		Longitude
	Degrees 047	Minutes 31	Degrees 122
		Seconds 31	Minutes 18
			Seconds 18
4.7	Dun & Bradstreet Number(s) (9 digits)	4.8 EPA Identification Number (RCRA ID No.) (12 characters)	4.9 Facility NPDES Permit Number(s) (9 characters)
a. 790885842	a. WAD000602813	a. NA	a. NA
b.	b.	b.	b.
SECTION 5. PARENT COMPANY INFORMATION			
5.1	Name of Parent Company NA <input checked="" type="checkbox"/>		
5.2	Parent Company's Dun & Bradstreet Number NA <input checked="" type="checkbox"/>		

FORM R**PART II. TOXIC CHEMICAL RELEASE INVENTORY REPORTING FORM**

TRI Facility ID Number

98108RLMJR8531E

Toxic Chemical, Category or Generic Name

Manganese

SECTION 1. TOXIC CHEMICAL IDENTITY

(Important: DO NOT complete this section if you completed Section 2 below.)

1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.) 7439-96-5																																		
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.) Manganese																																		
1.3	Generic Chemical Name (Important: Complete only if Part I, Section 2.1 is checked "yes". Generic Name must be structurally descriptive.)																																		
1.4	Distribution of Each Member of the Dioxin and Dioxin-like Compounds Category. (If there are any numbers in boxes 1-17, then every field must be filled in with either 0 or some number between 0.01 and 100. Distribution should be reported in percentages and the total should equal 100%. If you do not have speciation data available, indicate NA.)																																		
	<table border="1"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td><td>17</td> </tr> <tr> <td>NA</td><td>X</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	NA	X															
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17																			
NA	X																																		

SECTION 2. MIXTURE COMPONENT IDENTITY

(Important: DO NOT complete this section if you completed Section 1 above.)

2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces and punctuation.)
-----	---

SECTION 3. ACTIVITIES AND USES OF THE TOXIC CHEMICAL AT THE FACILITY

(Important: Check all that apply.)

3.1	Manufacture the toxic chemical:	3.2	Process the toxic chemical:	3.3	Otherwise use the toxic chemical:
a. <input checked="" type="checkbox"/> Produce b. <input type="checkbox"/> Import If produce or import c. <input type="checkbox"/> For on-site use/processing d. <input type="checkbox"/> For sale/distribution e. <input type="checkbox"/> As a byproduct f. <input checked="" type="checkbox"/> As an impurity		a. <input type="checkbox"/> As a reactant b. <input type="checkbox"/> As a formulation component c. <input checked="" type="checkbox"/> As an article component d. <input type="checkbox"/> Repackaging e. <input type="checkbox"/> As an impurity		a. <input type="checkbox"/> As a chemical processing aid b. <input type="checkbox"/> As a manufacturing aid c. <input type="checkbox"/> Ancillary or other use	

SECTION 4. MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ONSITE AT ANY TIME DURING THE CALENDAR YEAR

4.1	04 (Enter two digit code from instruction package.)
-----	---

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE


	A. Total Release (pounds/year*) (Enter a range code** or estimate)	B. Basis of Estimate (enter code)	C. % From Stormwater
5.1 Fugitive or non-point air emissions	NA <input checked="" type="checkbox"/>		
5.2 Stack or point air emissions	NA <input checked="" type="checkbox"/>		
5.3 Discharges to receiving streams or water bodies (enter one name per box)			
Stream or Water Body Name			
5.3.1	NA		
5.3.2	NA		
5.3.3	NA		

If additional pages of Part II, Section 5.3 are attached, indicate the total number of pages in this box and indicate the Part II, Section 5.3 page number in this box. (example: 1,2,3, etc.)

FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)				TRI Facility ID Number 98108RLMJR8531E	
				Toxic Chemical, Category or Generic Name Manganese	
SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE (continued)					
		NA	A. Total Release (pounds/year*) (enter range code ** or estimate)		B. Basis of Estimate (enter code)
5.4.1	Underground Injection onsite to Class I Wells	<input checked="" type="checkbox"/>			
5.4.2	Underground Injection onsite to Class II-V Wells	<input checked="" type="checkbox"/>			
5.5	Disposal to land onsite				
5.5.1A	RCRA Subtitle C landfills	<input checked="" type="checkbox"/>			
5.5.1B	Other landfills	<input checked="" type="checkbox"/>			
5.5.2	Land treatment/application farming	<input checked="" type="checkbox"/>			
5.5.3A	RCRA Subtitle C surface impoundments	<input checked="" type="checkbox"/>			
5.5.3B	Other surface impoundments	<input checked="" type="checkbox"/>			
5.5.4	Other disposal	<input checked="" type="checkbox"/>			
SECTION 6. TRANSFERS OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS					
6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)					
6.1.A Total Quantity Transferred to POTWs and Basis of Estimate					
6.1.A.1 Total Transfers (pounds/year*) (enter range code ** or estimate)			6.1.A.2 Basis of Estimate (enter code)		
6.1.B POTW Name					
POTW Address					
City		State		County	Zip
6.1.B POTW Name					
POTW Address					
City		State		County	Zip
If additional pages of Part II, Section 6.1 are attached, indicate the total number of pages in this box <input type="text"/> and indicate the Part II, Section 6.1 page number in this box <input type="text"/> (example: 1,2,3, etc.)					
SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS					
6.2. <input checked="" type="checkbox"/> Off-Site EPA Identification Number (RCRA ID No.)			ORD 089452353		
Off-Site Location Name		Chemical Waste Management of the Northwest			
Off-Site Address		17629 Cedar Springs Lane			
City	Arlington	State	Oregon	County	Gilliam
				Zip	97812
				Country (Non-US)	
Is location under control of reporting facility or parent company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

FORM R PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)						TRI Facility ID Number 98018RLMJR8531E	
						Toxic Chemical, Category or Generic Name Manganese	
SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS (CONTINUED)							
A. Total Transfers (pounds/year*) (enter range code**or estimate)		B. Basis of Estimate (enter code)		C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)			
1. 25,384		1. M		1. M 41			
2.		2.		2. M			
3.		3.		3. M			
4.		4.		4. M			
6.2 Off-Site EPA Identification Number (RCRA ID No.)				ORQ000014886			
Off-Site Location Name		Wasco County Landfill					
Off-Site Address		2550 Stele Road					
City	Dalles	State	Oregon	County	Wasco	Zip	97058
Is location under control of reporting facility or parent company?						Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
A. Total Transfers (pounds/year*) (enter range code**or estimate)		B. Basis of Estimate (enter code)		C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)			
1. 61,324 250,000		1. M		1. M 64			
2.		2.		2. M			
3.		3.		3. M			
4.		4.		4. M			
SECTION 7A. ON-SITE WASTE TREATMENT METHODS AND EFFICIENCY							
<input checked="" type="checkbox"/> Not Applicable (NA) - Check here if no on-site waste treatment is applied to any waste stream containing the toxic chemical or chemical category.							
a. General Waste Stream (enter code)	b. Waste Treatment Method(s) Sequence (enter 3-character code(s))				c. Range of Influent Concentration	d. Waste Treatment Efficiency Estimate	e. Based on Operating Data?
7A.1a	7A.1b	1	2	7A.1c	7A.1d	7A.1e	
	3	4	5		%	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	6	7	8				
7A.2a	7A.2b	1	2	7A.2c	7A.2d	7A.2e	
	3	4	5		%	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	6	7	8				
7A.3a	7A.3b	1	2	7A.3c	7A.3d	7A.3e	
	3	4	5		%	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	6	7	8				
7A.4a	7A.4b	1	2	7A.4c	7A.4d	7A.4e	
	3	4	5		%	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	6	7	8				
7A.5a	7A.5b	1	2	7A.5c	7A.5d	7A.5e	
	3	4	5		%	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	6	7	8				
If additional pages of Part II, Section 6.2/7A are attached, indicate the total number of pages in this box <input type="text"/>							
and indicate the Part II, Section 6.2/7 page number in this box: <input type="text"/> (example: 1,2,3,etc.)							

FORM R		TRI Facility ID Number		
PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)		98108RLMJR8531E		
		Toxic Chemical, Category or Generic Name		
		Manganese		
SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES				
<input checked="" type="checkbox"/> Not Applicable (NA) - Check here if no on-site energy recovery is applied to any waste stream containing the toxic chemical or chemical category.				
Energy Recovery Methods [enter 3-character code(s)]				
1	2	3		
SECTION 7C. ON-SITE RECYCLING PROCESSES				
<input checked="" type="checkbox"/> Not Applicable (NA) - Check here if no on-site recycling is applied to any waste stream containing the toxic chemical or chemical category.				
Recycling Methods [enter 3-character code(s)]				
1	2	3	4	
5	6	7	8	
SECTION 8. SOURCE REDUCTION AND RECYCLING ACTIVITIES				
	Column A Prior Year (pounds/year*)	Column B Current Reporting Year (pounds/year*)	Column C Following Year (pounds/year*)	Column D Second Following Year (pounds/year*)
8.1				
8.1a	Total on-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	NA	NA	NA
8.1b	Total other on-site disposal or other releases	NA	NA	NA
8.1c	Total off-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	363,665	86,708 250,000	95,378 280,000
8.1d	Total other off-site disposal or other releases	NA	NA 25,000	NA 28,000
8.2	Quantity used for energy recovery onsite	NA	NA	NA
8.3	Quantity used for energy recovery offsite	NA	NA	NA
8.4	Quantity recycled onsite	NA	NA	NA
8.5	Quantity recycled offsite	NA	NA	NA
8.6	Quantity treated onsite	NA	NA	NA
8.7	Quantity treated offsite	NA	NA	NA
8.8	Quantity released to the environment as a result of remedial actions, catastrophic events, or one-time events not associated with production processes (pounds/year)*			
8.9	Production ratio or activity index	$\frac{2004}{2003} = \frac{6227}{3738} = 1.66$		
8.10	Did your facility engage in any source reduction activities for this chemical during the reporting year? If not, enter "NA" in Section 8.10.1 and answer Section 8.11.			
	Source Reduction Activities [enter code(s)]	Methods to Identify Activity (enter codes)		
8.10.1	NA	a.	b.	c.
8.10.2		a.	b.	c.
8.10.3		a.	b.	c.
8.10.4		a.	b.	c.
8.11	Is additional information on source reduction, recycling, or pollution control activities included with this report? (Check one box)			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

 <p>FORM R</p> <p>Section 313 of the Emergency Planning and Community Right-to-Know Act of 1986, also Known as Title III of the Superfund Amendments and Reauthorization Act</p>		TRI Facility ID Number	
		98108RLMJR8531E	
		Toxic Chemical, Category or Generic Name	
		Nickel	
<p>WHERE TO SEND COMPLETED FORMS: 1. TRI Data Processing Center P. O. Box 1513 Lanham, MD 20703-1513 ATTN: TOXIC CHEMICAL RELEASE INVENTORY</p> <p>2. APPROPRIATE STATE OFFICE (See instructions in Appendix F)</p>			
<p>Enter "X" here if this is a revision <input checked="" type="checkbox"/> X</p> <p>For EPA use only</p>			
<p>IMPORTANT: See instructions to determine when "Not Applicable (NA)" boxes should be checked.</p>			
<p>PART 1. FACILITY IDENTIFICATION INFORMATION</p>			
<p>SECTION 1. REPORTING YEAR 2004</p>			
<p>SECTION 2. TRADE SECRET INFORMATION</p>			
<p>2.1 Are you claiming the toxic chemical identified on page 2 trade secret?</p> <p><input type="checkbox"/> Yes (Answer question 2.2; Attach substantiation forms) <input checked="" type="checkbox"/> No (Do not answer 2.2; Go to Section 3)</p> <p>2.2 Is this copy <input type="checkbox"/> Sanitized <input type="checkbox"/> Unsanitized</p> <p>(Answer only if "YES" in 2.1)</p>			
<p>SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.)</p> <p>I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.</p>			
Name and official title of owner/operator or senior management official:		Signature:	Date Signed:
Ronald Altier, Vice President Administration		<i>Ronald Altier</i>	6/29/05
<p>SECTION 4. FACILITY IDENTIFICATION</p>			
4.1 Facility or Establishment Name		TRI Facility ID Number	
Jorgensen Forge Corporation		98108RLMJR8531E	
Facility or Establishment Name or Mailing Address (If different from street address)			
Street		Mailing Address	
8531 E Marginal Way S			
City/County/State/Zip Code		City/State/Zip Code	
Tukwila, King County WA 98108			
<p>4.2 This report contains information for: Important: Check a or b; check c or d if applicable) a. <input checked="" type="checkbox"/> An entire facility b. <input type="checkbox"/> Part of a facility c. <input type="checkbox"/> A Federal facility d. <input type="checkbox"/> GOCO</p>			
4.3 Technical Contact Name		Telephone Number (include area code)	
Ronald Altier		(206) 676-9249	
Email Address			
raltier@jorgensenforge.com			
4.4 Public Contact Name		Telephone Number (include area code)	
Ronald Altier		(206) 676-9249	
4.5 SIC Code(s) (4 digits)			
Primary a. 3462 b. c. d. e. f.			
4.6 Latitude		Longitude	
Degrees Minutes Seconds		Degrees Minutes Seconds	
047 31 31		122 18 18	
4.7 Dun & Bradstreet Number (s) (9 digits)		4.9 Facility NPDES Permit Number(s) (9 characters)	
790885842		NA	
4.8 EPA Identification Number (RCRA ID No.) (12 characters)		4.10 Underground Injection Well Code (UIC) I.D. Number(s) (12 digits)	
WAD000602813		NA	
a. b.		a. b.	
<p>SECTION 5. PARENT COMPANY INFORMATION</p>			
5.1 Name of Parent Company		NA <input checked="" type="checkbox"/> X	
5.2 Parent Company's Dun & Bradstreet Number		NA <input checked="" type="checkbox"/> X	

FORM R**PART II. TOXIC CHEMICAL RELEASE INVENTORY REPORTING FORM**

TRI Facility ID Number

98108RLMJR8531E

Toxic Chemical, Category or Generic Name

Nickel

SECTION 1. TOXIC CHEMICAL IDENTITY

(Important: DO NOT complete this section if you completed Section 2 below.)

1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.)																																		
	7440-02-0																																		
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)																																		
	Nickel																																		
1.3	Generic Chemical Name (Important: Complete only if Part I, Section 2.1 is checked "yes". Generic Name must be structurally descriptive.)																																		
1.4	Distribution of Each Member of the Dioxin and Dioxin-like Compounds Category. (If there are any numbers in boxes 1-17, then every field must be filled in with either 0 or some number between 0.01 and 100. Distribution should be reported in percentages and the total should equal 100%. If you do not have specification data available, indicate NA.)																																		
	<table border="1"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td><td>17</td> </tr> <tr> <td>NA</td><td>X</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	NA	X															
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17																			
NA	X																																		

SECTION 2. MIXTURE COMPONENT IDENTITY

(Important: DO NOT complete this section if you completed Section 1 above.)

2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces and punctuation.)

SECTION 3. ACTIVITIES AND USES OF THE TOXIC CHEMICAL AT THE FACILITY

(Important: Check all that apply.)

3.1	Manufacture the toxic chemical:	3.2	Process the toxic chemical:	3.3	Otherwise use the toxic chemical:
a. <input checked="" type="checkbox"/> Produce	b. <input type="checkbox"/> Import	a. <input type="checkbox"/> As a reactant	b. <input type="checkbox"/> As a formulation component	a. <input type="checkbox"/> As a chemical processing aid	b. <input type="checkbox"/> As a manufacturing aid
c. <input type="checkbox"/> For on-site use/processing	d. <input type="checkbox"/> For sale/distribution	c. <input checked="" type="checkbox"/> As an article component	d. <input type="checkbox"/> Repackaging	c. <input type="checkbox"/> Ancillary or other use	
e. <input type="checkbox"/> As a byproduct	f. <input checked="" type="checkbox"/> As an impurity	e. <input type="checkbox"/> As an impurity			

SECTION 4. MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ONSITE AT ANY TIME DURING THE CALENDAR YEAR

4.1	02 (Enter two digit code from instruction package.)
-----	---

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE

	A. Total Release (pounds/year*) (Enter a range code** or estimate)	B. Basis of Estimate (enter code)	C. % From Stormwater
5.1 Fugitive or non-point air emissions	NA <input checked="" type="checkbox"/>		
5.2 Stack or point air emissions	NA <input checked="" type="checkbox"/>		
5.3 Discharges to receiving streams or water bodies (enter one name per box)			
Stream or Water Body Name			
5.3.1	NA		
5.3.2	NA		
5.3.3	NA		

If additional pages of Part II, Section 5.3 are attached, indicate the total number of pages in this box and indicate the Part II, Section 5.3 page number in this box. (example: 1,2,3, etc.)

FORM R**PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)**

TRI Facility ID Number

98108RLMJR8531E

Toxic Chemical, Category or Generic Name

Nickel

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE (continued)

	NA	A. Total Release (pounds/year*) (enter range code ** or estimate)	B. Basis of Estimate (enter code)
5.4.1 Underground Injection onsite to Class I Wells	<input checked="" type="checkbox"/>		
5.4.2 Underground Injection onsite to Class II-V Wells	<input checked="" type="checkbox"/>		
5.5 Disposal to land onsite			
5.5.1A RCRA Subtitle C landfills	<input checked="" type="checkbox"/>		
5.5.1B Other landfills	<input checked="" type="checkbox"/>		
5.5.2 Land treatment/application farming	<input checked="" type="checkbox"/>		
5.5.3A RCRA Subtitle C surface impoundments	<input checked="" type="checkbox"/>		
5.5.3B Other surface impoundments	<input checked="" type="checkbox"/>		
5.5.4 Other disposal	<input checked="" type="checkbox"/>		

SECTION 6. TRANSFERS OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS**6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)****6.1.A Total Quantity Transferred to POTWs and Basis of Estimate**6.1.A.1 Total Transfers (pounds/year*)
(enter range code ** or estimate)6.1.A.2 Basis of Estimate
(enter code)

6.1.B	POTW Name				
POTW Address					
City		State		County	
Zip					
6.1.B	POTW Name				
POTW Address					
City		State		County	
Zip					

If additional pages of Part II, Section 6.1 are attached, indicate the total number of pages in this box and indicate the Part II, Section 6.1 page number in this box (example: 1,2,3, etc.)**SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS**

6.2	<input checked="" type="checkbox"/> Off-Site EPA Identification Number (RCRA ID No.)	ORD 089452353			
Off-Site Location Name		Chemical Waste Management of the Northwest			
Off-Site Address		17629 Cedar Springs Lane			
City	Arlington	State	Oregon	County	Gilliam
Zip	97812	Country (Non-US)			
Is location under control of reporting facility or parent company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

FORM R PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)						TRI Facility ID Number		
						98018RLMJR8531E		
						Toxic Chemical, Category or Generic Name		
						Nickel		
SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS (CONTINUED)								
A. Total Transfers (pounds/year*) (enter range code**or estimate)		B. Basis of Estimate (enter code)		C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)				
1. 698		1. M		1. M 41				
2.		2.		2. M				
3.		3.		3. M				
4.		4.		4. M				
6.2 Off-Site EPA Identification Number (RCRA ID No.)						ORQ000014886		
Off-Site Location Name Wasco County Landfill								
Off-Site Address 2550 Steele Road								
City The Dalles		State OR	County Wasco		Zip 97058		Country (Non-US)	
Is location under control of reporting facility or parent company? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>								
A. Total Transfers (pounds/year*) (enter range code**or estimate)		B. Basis of Estimate (enter code)		C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)				
1. 28,000		1.		1. M				
2.		2.		2. M				
3.		3.		3. M				
4.		4.		4. M				
SECTION 7A. ON-SITE WASTE TREATMENT METHODS AND EFFICIENCY								
<input checked="" type="checkbox"/> Not Applicable (NA) - Check here if no on-site waste treatment is applied to any waste stream containing the toxic chemical or chemical category.								
a. General Waste Stream (enter code)		b. Waste Treatment Method(s) Sequence [enter 3-character code(s)]				c. Range of Influent Concentration	d. Waste Treatment Efficiency Estimate	e. Based on Operating Data?
7A.1a		7A.1b				7A.1c	7A.1d	7A.1e
		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/>					%	Yes <input type="checkbox"/> No <input type="checkbox"/>
7A.2a		7A.2b				7A.2c	7A.2d	7A.2e
		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/>					%	Yes <input type="checkbox"/> No <input type="checkbox"/>
7A.3a		7A.3b				7A.3c	7A.3d	7A.3e
		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/>					%	Yes <input type="checkbox"/> No <input type="checkbox"/>
7A.4a		7A.4b				7A.4c	7A.4d	7A.4e
		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/>					%	Yes <input type="checkbox"/> No <input type="checkbox"/>
7A.5a		7A.5b				7A.5c	7A.5d	7A.5e
		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/>					%	Yes <input type="checkbox"/> No <input type="checkbox"/>
If additional pages of Part II, Section 6.2/7A are attached, indicate the total number of pages in this box <input type="text"/> and indicate the Part II, Section 6.2/7 page number in this box: <input type="text"/> (example: 1,2,3,etc.)								

FORM R**PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)**

TRI Facility ID Number

98108RLMJR8531E

Toxic Chemical, Category or Generic Name

Nickel

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES☒ Not Applicable (NA) - Check here if no on-site energy recovery is applied to any waste stream containing the toxic chemical or chemical category.

Energy Recovery Methods [enter 3-character code(s)]

1

2

3

SECTION 7C. ON-SITE RECYCLING PROCESSES☒ Not Applicable (NA) - Check here if no on-site recycling is applied to any waste stream containing the toxic chemical or chemical category.

Recycling Methods [enter 3-character code(s)]

1

2

3

4

5

6

7

8

9

10

SECTION 8. SOURCE REDUCTION AND RECYCLING ACTIVITIES

		Column A Prior Year (pounds/year*)	Column B Current Reporting Year (pounds/year*)	Column C Following Year (pounds/year*)	Column D Second Following Year (pounds/year*)
8.1					
8.1a	Total on-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	NA	NA	NA	NA
8.1b	Total other on-site disposal or other releases	NA	NA	NA	NA
8.1c	Total off-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	0	698 28,000	768 31,000	844 34,000
8.1d	Total other off-site disposal or other releases	NA	NA 700	NA 770	NA 850
8.2	Quantity used for energy recovery onsite	NA	NA	NA	NA
8.3	Quantity used for energy recovery offsite	NA	NA	NA	NA
8.4	Quantity recycled onsite	NA	NA	NA	NA
8.5	Quantity recycled offsite	NA	NA	NA	NA
8.6	Quantity treated onsite	NA	NA	NA	NA
8.7	Quantity treated offsite	NA	NA	NA	NA
8.8	Quantity released to the environment as a result of remedial actions, catastrophic events, or one-time events not associated with production processes (pounds/year)*				
8.9	Production ratio or activity index	$\frac{2004}{2003} \frac{6227}{3738} = 1.66$			
8.10	Did your facility engage in any source reduction activities for this chemical during the reporting year? If not, enter "NA" in Section 8.10.1 and answer Section 8.11.				
	Source Reduction Activities [enter code(s)]	Methods to Identify Activity (enter codes)			
8.10.1	NA	a.	b.	c.	
8.10.2		a.	b.	c.	
8.10.3		a.	b.	c.	
8.10.4		a.	b.	c.	
8.11	Is additional information on source reduction, recycling, or pollution control activities included with this report? (Check one box)				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

<div style="display: inline-block; vertical-align: middle; text-align: center;"> FORM R Section 313 of the Emergency Planning and Community Right-to-Know Act of 1986, also Known as Title III of the Superfund Amendments and Reauthorization Act </div>		TRI Facility ID Number	
		98108RLMJR8531E	
		Toxic Chemical, Category or Generic Name	
		Chromium	
WHERE TO SEND COMPLETED FORMS: 1. TRI Data Processing Center P. O. Box 1513 Lanham, MD 20703-1513 ATTN: TOXIC CHEMICAL RELEASE INVENTORY			
Enter "X" here if this is a revision <input checked="" type="checkbox"/> For EPA use only			
IMPORTANT: See instructions to determine when "Not Applicable (NA)" boxes should be checked.			
PART 1. FACILITY IDENTIFICATION INFORMATION			
SECTION 1. REPORTING YEAR <u>2004</u>			
SECTION 2. TRADE SECRET INFORMATION			
2.1 Are you claiming the toxic chemical identified on page 2 trade secret? <input type="checkbox"/> Yes (Answer question 2.2; Attach substantiation forms)		2.2 Is this copy <input checked="" type="checkbox"/> Sanitized <input type="checkbox"/> Unsanitized (Answer only if "YES" in 2.1)	
<input checked="" type="checkbox"/> No (Do not answer 2.2; Go to Section 3)			
SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.) I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.			
Name and official title of owner/operator or senior management official:		Signature	Date Signed:
Ronald Altier, Vice President Administration		<i>Ronald Altier</i>	6/29/05
SECTION 4. FACILITY IDENTIFICATION			
4.1 Facility or Establishment Name		TRI Facility ID Number	
Jorgensen Forge Corporation		98108RLMJR8531E	
Street		Facility or Establishment Name or Mailing Address (If different from street address)	
8531 E Marginal Way S			
City/County/State/Zip Code		Mailing Address	
Tukwila, King County WA 98108			
4.2 This report contains information for:		Country (Non-US)	
(Important: Check a or b; check c or d if applicable) a. <input checked="" type="checkbox"/> An entire facility			
b. <input type="checkbox"/> Part of a facility			
c. <input type="checkbox"/> A Federal facility			
d. <input type="checkbox"/> GOCO			
4.3 Technical Contact Name		Telephone Number (include area code)	
Ronald Altier		(206) 676-9249	
Email Address			
raltier@jorgensenforge.com			
4.4 Public Contact Name		Telephone Number (include area code)	
Ronald Altier		(206) 676-9249	
4.5 SIC Code(s) (4 digits)			
Primary a. 3462			
b.			
c.			
d.			
e.			
f.			
4.6 Latitude		Longitude	
Degrees 047		Degrees 122	
Minutes 31		Minutes 18	
Seconds 31		Seconds 18	
4.7 Dun & Bradstreet Number(s) (9 digits)		4.8 EPA Identification Number (RCRA ID No.) (12 characters)	
a. 790885842		a. WAD000602813	
b.		b.	
4.9 Facility NPDES Permit Number(s) (9 characters)		4.10 Underground Injection Well Code (UIC) I.D. Number(s) (12 digits)	
a. NA		a. NA	
b.		b.	
SECTION 5. PARENT COMPANY INFORMATION			
5.1 Name of Parent Company		NA <input checked="" type="checkbox"/>	
5.2 Parent Company's Dun & Bradstreet Number		NA <input checked="" type="checkbox"/>	

FORM R**PART II. TOXIC CHEMICAL RELEASE INVENTORY REPORTING FORM**

TRI Facility ID Number

98108RLMJR8531E

Toxic Chemical, Category or Generic Name

Chromium

SECTION 1. TOXIC CHEMICAL IDENTITY

(Important: DO NOT complete this section if you completed Section 2 below.)

1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.) 7440-47-3																																		
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.) Chromium																																		
1.3	Generic Chemical Name (Important: Complete only if Part I, Section 2.1 is checked "yes". Generic Name must be structurally descriptive.)																																		
1.4	Distribution of Each Member of the Dioxin and Dioxin-like Compounds Category. (If there are any numbers in boxes 1-17, then every field must be filled in with either 0 or some number between 0.01 and 100. Distribution should be reported in percentages and the total should equal 100%. If you do not have specification data available, indicate NA.)																																		
	<table border="1"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td><td>17</td> </tr> <tr> <td>NA</td><td>X</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	NA	X															
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17																			
NA	X																																		

SECTION 2. MIXTURE COMPONENT IDENTITY

(Important: DO NOT complete this section if you completed Section 1 above.)

2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces and punctuation.)
-----	---

SECTION 3. ACTIVITIES AND USES OF THE TOXIC CHEMICAL AT THE FACILITY

(Important: Check all that apply.)

3.1	Manufacture the toxic chemical:	3.2	Process the toxic chemical:	3.3	Otherwise use the toxic chemical:
a. <input checked="" type="checkbox"/> Produce b. <input type="checkbox"/> Import If produce or import c. <input type="checkbox"/> For on-site use/processing d. <input type="checkbox"/> For sale/distribution e. <input type="checkbox"/> As a byproduct f. <input checked="" type="checkbox"/> As an impurity		a. <input type="checkbox"/> As a reactant b. <input type="checkbox"/> As a formulation component c. <input checked="" type="checkbox"/> As an article component d. <input type="checkbox"/> Repackaging e. <input type="checkbox"/> As an impurity		a. <input type="checkbox"/> As a chemical processing aid b. <input type="checkbox"/> As a manufacturing aid c. <input type="checkbox"/> Ancillary or other use	

SECTION 4. MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ONSITE AT ANY TIME DURING THE CALENDAR YEAR

4.1	03 (Enter two digit code from instruction package.)
-----	---

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE

	A. Total Release (pounds/year*) (Enter a range code** or estimate)	B. Basis of Estimate (enter code)	C. % From Stormwater
5.1 Fugitive or non-point air emissions NA <input checked="" type="checkbox"/>			
5.2 Stack or point air emissions NA <input checked="" type="checkbox"/>			
5.3 Discharges to receiving streams or water bodies (enter one name per box)			
Stream or Water Body Name			
5.3.1 NA			
5.3.2 NA			
5.3.3 NA			

If additional pages of Part II, Section 5.3 are attached, indicate the total number of pages in this box and indicate the Part II, Section 5.3 page number in this box. (example: 1,2,3, etc.)

FORM R**PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)**

TRI Facility ID Number

98108RLMJR8531E

Toxic Chemical, Category or Generic Name

Chromium

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE (continued)

	NA	A. Total Release (pounds/year*) (enter range code ** or estimate)	B. Basis of Estimate (enter code)
5.4.1 Underground Injection onsite to Class I Wells	<input checked="" type="checkbox"/>		
5.4.2 Underground Injection onsite to Class II-V Wells	<input checked="" type="checkbox"/>		
5.5 Disposal to land onsite			
5.5.1A RCRA Subtitle C landfills	<input checked="" type="checkbox"/>		
5.5.1B Other landfills	<input checked="" type="checkbox"/>		
5.5.2 Land treatment/application farming	<input checked="" type="checkbox"/>		
5.5.3A RCRA Subtitle C surface impoundments	<input checked="" type="checkbox"/>		
5.5.3B Other surface impoundments	<input checked="" type="checkbox"/>		
5.5.4 Other disposal	<input checked="" type="checkbox"/>		

SECTION 6. TRANSFERS OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS**6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)****6.1.A Total Quantity Transferred to POTWs and Basis of Estimate**

6.1.A.1 Total Transfers (pounds/year*) (enter range code ** or estimate)	6.1.A.2 Basis of Estimate (enter code)

6.1.B	POTW Name	
POTW Address		
City	State	County Zip
6.1.B	POTW Name	
POTW Address		
City	State	County Zip

If additional pages of Part II, Section 6.1 are attached, indicate the total number of pages in this box and indicate the Part II, Section 6.1 page number in this box (example: 1,2,3, etc.)**SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS**

6.2	Off-Site EPA Identification Number (RCRA ID No.)	ORD 089452353
Off-Site Location Name		
Chemical Waste Management of the Northwest		
Off-Site Address		
17629 Cedar Springs Lane		
City	State	County Zip Country (Non-US)
Arlington	Oregon	Gilliam 97812
Is location under control of reporting facility or parent company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

FORM R PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)						TRI Facility ID Number 98018RLMJR8531E	
						Toxic Chemical, Category or Generic Name Chromium	
SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS (CONTINUED)							
A. Total Transfers (pounds/year*) (enter range code**or estimate)		B. Basis of Estimate (enter code)		C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)			
1. 6,557		1.		1. M ₄₁			
2.		2.		2. M			
3.		3.		3. M			
4.		4.		4. M			
6.2 Off-Site EPA Identification Number (RCRA ID No.)						ORQ000014886	
Off-Site Location Name		Wasco County Landfill					
Off-Site Address		2550 Steele Road					
City	The Dalles	State	OR	County	Wasco	Zip	97058
						Country (Non-US)	
Is location under control of reporting facility or parent company? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
A. Total Transfers (pounds/year*) (enter range code**or estimate)		B. Basis of Estimate (enter code)		C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)			
1. 6,400		1.		1. M			
2.		2.		2. M			
3.		3.		3. M			
4.		4.		4. M			
SECTION 7A. ON-SITE WASTE TREATMENT METHODS AND EFFICIENCY							
<input checked="" type="checkbox"/> Not Applicable (NA) - Check here if no on-site waste treatment is applied to any waste stream containing the toxic chemical or chemical category.							
a. General Waste Stream (enter code)	b. Waste Treatment Method(s) Sequence [enter 3-character code(s)]				c. Range of Influent Concentration	d. Waste Treatment Efficiency Estimate	e. Based on Operating Data?
7A.1a	7A.1b	1	2	7A.1c	7A.1d	7A.1e	
	3	4	5		%	Yes	No
	6	7	8			<input type="checkbox"/>	<input type="checkbox"/>
7A.2a	7A.2b	1	2	7A.2c	7A.2d	7A.2e	
	3	4	5		%	Yes	No
	6	7	8			<input type="checkbox"/>	<input type="checkbox"/>
7A.3a	7A.3b	1	2	7A.3c	7A.3d	7A.3e	
	3	4	5		%	Yes	No
	6	7	8			<input type="checkbox"/>	<input type="checkbox"/>
7A.4a	7A.4b	1	2	7A.4c	7A.4d	7A.4e	
	3	4	5		%	Yes	No
	6	7	8			<input type="checkbox"/>	<input type="checkbox"/>
7A.5a	7A.5b	1	2	7A.5c	7A.5d	7A.5e	
	3	4	5		%	Yes	No
	6	7	8			<input type="checkbox"/>	<input type="checkbox"/>
If additional pages of Part II, Section 6.2/7A are attached, indicate the total number of pages in this box <input type="text"/> and indicate the Part II, Section 6.2/7 page number in this box: <input type="text"/> (example: 1,2,3,etc.)							

FORM R**PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)**

TRI Facility ID Number

98108RLMJR8531E

Toxic Chemical, Category or Generic Name

Chromium

Chromium

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES☒ Not Applicable (NA) - Check here if no on-site energy recovery is applied to any waste stream containing the toxic chemical or chemical category.

Energy Recovery Methods [enter 3-character code(s)]

1

2

3

SECTION 7C. ON-SITE RECYCLING PROCESSES☒ Not Applicable (NA) - Check here if no on-site recycling is applied to any waste stream containing the toxic chemical or chemical category.

Recycling Methods [enter 3-character code(s)]

1

2

3

4

5

6

7

8

9

10

SECTION 8. SOURCE REDUCTION AND RECYCLING ACTIVITIES

		Column A Prior Year (pounds/year*)	Column B Current Reporting Year (pounds/year*)	Column C Following Year (pounds/year*)	Column D Second Following Year (pounds/year*)
8.1					
8.1a	Total on-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	NA	NA	NA	NA
8.1b	Total other on-site disposal or other releases	NA	NA	NA	NA
8.1c	Total off-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	24,287	6,557-6,400	7,233-7,000	7,934-7,700
8.1d	Total other off-site disposal or other releases	NA	NA-6,600	NA-7,300	NA-8,000
8.2	Quantity used for energy recovery onsite	NA	NA	NA	NA
8.3	Quantity used for energy recovery offsite	NA	NA	NA	NA
8.4	Quantity recycled onsite	NA	NA	NA	NA
8.5	Quantity recycled offsite	NA	NA	NA	NA
8.6	Quantity treated onsite	NA	NA	NA	NA
8.7	Quantity treated offsite	NA	NA	NA	NA
8.8	Quantity released to the environment as a result of remedial actions, catastrophic events, or one-time events not associated with production processes (pounds/year)*				
8.9	Production ratio or activity index	$\frac{2004}{2003} = \frac{6227}{3738} = 1.66$			
8.10	Did your facility engage in any source reduction activities for this chemical during the reporting year? If not, enter "NA" in Section 8.10.1 and answer Section 8.11.				
	Source Reduction Activities [enter code(s)]	Methods to Identify Activity (enter codes)			
8.10.1	NA	a.	b.	c.	
8.10.2		a.	b.	c.	
8.10.3		a.	b.	c.	
8.10.4		a.	b.	c.	
8.11	Is additional information on source reduction, recycling, or pollution control activities included with this report? (Check one box)			Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

<div style="display: inline-block; vertical-align: middle; margin-left: 10px;"> <p>FORM R</p> <p>Section 313 of the Emergency Planning and Community Right-to-Know Act of 1986, also Known as Title III of the Superfund Amendments and Reauthorization Act</p> </div>		TRI Facility ID Number	
		98108RLMJR8531E	
		Toxic Chemical, Category or Generic Name	
		Manganese	
WHERE TO SEND COMPLETED FORMS: 1. TRI Data Processing Center P. O. Box 1513 Lanham, MD 20703-1513 ATTN: TOXIC CHEMICAL RELEASE INVENTORY			
2. APPROPRIATE STATE OFFICE (See instructions in Appendix F)			
			Enter "X" here if this is a revision <input checked="" type="checkbox"/>
			For EPA use only
IMPORTANT: See instructions to determine when "Not Applicable (NA)" boxes should be checked.			
PART 1. FACILITY IDENTIFICATION INFORMATION			
SECTION 1. REPORTING YEAR <u>2004</u>			
SECTION 2. TRADE SECRET INFORMATION			
2.1 Are you claiming the toxic chemical identified on page 2 trade secret? <input type="checkbox"/> Yes (Answer question 2.2; Attach substantiation forms)		2.2 Is this copy <input checked="" type="checkbox"/> Sanitized <input type="checkbox"/> Unsanitized (Answer only if "YES" in 2.1)	
<input checked="" type="checkbox"/> No (Do not answer 2.2; Go to Section 3)			
SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.) I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.			
Name and official title of owner/operator or senior management official:		Signature:	Date Signed:
Ronald Altier, Vice President Administration			6/29/05
SECTION 4. FACILITY IDENTIFICATION			
4.1 Facility or Establishment Name		TRI Facility ID Number	
Jorgensen Forge Corporation		98108RLMJR8531E	
Street		Facility or Establishment Name or Mailing Address (If different from street address)	
8531 E Marginal Way S			
City/County/State/Zip Code		Mailing Address	
Tukwila, King County WA 98108			
4.2 This report contains information for:		Country (Non-US)	
(Important: Check a or b; check c or d if applicable) a. <input checked="" type="checkbox"/> An entire facility			
b. <input type="checkbox"/> Part of a facility			
c. <input type="checkbox"/> A Federal facility			
d. <input type="checkbox"/> GOCO			
4.3 Technical Contact Name		Telephone Number (include area code)	
Ronald Altier		(206) 676-9249	
Email Address			
raltier@jorgensenforge.com			
4.4 Public Contact Name		Telephone Number (include area code)	
Ronald Altier		(206) 676-9249	
4.5 SIC Code(s) (4 digits)			
Primary a. 3462		b. c. d. e. f.	
4.6 Latitude		Longitude	
Degrees 047 Minutes 31 Seconds 31		Degrees 122 Minutes 18 Seconds 18	
4.7 Dun & Bradstreet Number(s) (9 digits)		4.8 EPA Identification Number (RCRA ID No.) (12 characters)	
a. 790885842		a. WAD000602813	
b.		b. NA	
4.9 Facility NPDES Permit Number(s) (9 characters)		4.10 Underground Injection Well Code (UIC) I.D. Number(s) (12 digits)	
a. NA		a. NA	
b.		b.	
SECTION 5. PARENT COMPANY INFORMATION			
5.1 Name of Parent Company		NA <input checked="" type="checkbox"/>	
5.2 Parent Company's Dun & Bradstreet Number		NA <input checked="" type="checkbox"/>	

FORM R**PART II. TOXIC CHEMICAL RELEASE INVENTORY REPORTING FORM**

TRI Facility ID Number

98108RLMJR8531E

Toxic Chemical, Category or Generic Name

Manganese

SECTION 1. TOXIC CHEMICAL IDENTITY

(Important: DO NOT complete this section if you completed Section 2 below.)

1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.) 7439-96-5																																		
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.) Manganese																																		
1.3	Generic Chemical Name (Important: Complete only if Part I, Section 2.1 is checked "yes". Generic Name must be structurally descriptive.)																																		
1.4	Distribution of Each Member of the Dioxin and Dioxin-like Compounds Category. (If there are any numbers in boxes 1-17, then every field must be filled in with either 0 or some number between 0.01 and 100. Distribution should be reported in percentages and the total should equal 100%. If you do not have speciation data available, indicate NA.)																																		
	<table border="1"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td><td>17</td> </tr> <tr> <td>NA</td><td>X</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	NA	X															
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17																			
NA	X																																		

SECTION 2. MIXTURE COMPONENT IDENTITY

(Important: DO NOT complete this section if you completed Section 1 above.)

2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces and punctuation.)
-----	---

SECTION 3. ACTIVITIES AND USES OF THE TOXIC CHEMICAL AT THE FACILITY

(Important: Check all that apply.)

3.1	Manufacture the toxic chemical:	3.2	Process the toxic chemical:	3.3	Otherwise use the toxic chemical:
a. <input checked="" type="checkbox"/> Produce b. <input type="checkbox"/> Import If produce or import c. <input type="checkbox"/> For on-site use/processing d. <input type="checkbox"/> For sale/distribution e. <input type="checkbox"/> As a byproduct f. <input checked="" type="checkbox"/> As an impurity	a. <input type="checkbox"/> As a reactant b. <input type="checkbox"/> As a formulation component c. <input checked="" type="checkbox"/> As an article component d. <input type="checkbox"/> Repackaging e. <input type="checkbox"/> As an impurity	a. <input type="checkbox"/> As a chemical processing aid b. <input type="checkbox"/> As a manufacturing aid c. <input type="checkbox"/> Ancillary or other use			

SECTION 4. MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ONSITE AT ANY TIME DURING THE CALENDAR YEAR

4.1	04 (Enter two digit code from instruction package.)
-----	---

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE


	A. Total Release (pounds/year*) (Enter a range code** or estimate)	B. Basis of Estimate (enter code)	C. % From Stormwater
5.1 Fugitive or non-point air emissions NA <input checked="" type="checkbox"/>			
5.2 Stack or point air emissions NA <input checked="" type="checkbox"/>			
5.3 Discharges to receiving streams or water bodies (enter one name per box)			
Stream or Water Body Name			
5.3.1 NA			
5.3.2 NA			
5.3.3 NA			

If additional pages of Part II, Section 5.3 are attached, indicate the total number of pages in this box and indicate the Part II, Section 5.3 page number in this box. (example: 1,2,3, etc.)

FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)				TRI Facility ID Number 98108RLMJR8531E	
				Toxic Chemical, Category or Generic Name Manganese	
SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE (continued)					
		NA	A. Total Release (pounds/year*) (enter range code ** or estimate)		B. Basis of Estimate (enter code)
5.4.1	Underground Injection onsite to Class I Wells	<input checked="" type="checkbox"/>			
5.4.2	Underground Injection onsite to Class II-V Wells	<input checked="" type="checkbox"/>			
5.5	Disposal to land onsite				
5.5.1A	RCRA Subtitle C landfills	<input checked="" type="checkbox"/>			
5.5.1B	Other landfills	<input checked="" type="checkbox"/>			
5.5.2	Land treatment/application farming	<input checked="" type="checkbox"/>			
5.5.3A	RCRA Subtitle C surface impoundments	<input checked="" type="checkbox"/>			
5.5.3B	Other surface impoundments	<input checked="" type="checkbox"/>			
5.5.4	Other disposal	<input checked="" type="checkbox"/>			
SECTION 6. TRANSFERS OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS					
6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)					
6.1.A Total Quantity Transferred to POTWs and Basis of Estimate					
6.1.A.1 Total Transfers (pounds/year*) (enter range code ** or estimate)			6.1.A.2 Basis of Estimate (enter code)		
6.1.B POTW Name					
POTW Address					
City		State		County	Zip
6.1.B POTW Name					
POTW Address					
City		State		County	Zip
If additional pages of Part II, Section 6.1 are attached, indicate the total number of pages in this box <input type="text"/> and indicate the Part II, Section 6.1 page number in this box <input type="text"/> (example: 1,2,3, etc.)					
SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS					
6.2. <input checked="" type="checkbox"/> Off-Site EPA Identification Number (RCRA ID No.)			ORD 089452353		
Off-Site Location Name		Chemical Waste Management of the Northwest			
Off-Site Address		17629 Cedar Springs Lane			
City	Arlington	State	Oregon	County	Gilliam
				Zip	97812
				Country (Non-US)	
Is location under control of reporting facility or parent company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

FORM R PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)						TRI Facility ID Number 98018RLMJR8531E	
						Toxic Chemical, Category or Generic Name Manganese	
SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS (CONTINUED)							
A. Total Transfers (pounds/year*) (enter range code**or estimate)		B. Basis of Estimate (enter code)		C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)			
1. 25,384		1. M		1. M 41			
2.		2.		2. M			
3.		3.		3. M			
4.		4.		4. M			
6.2 Off-Site EPA Identification Number (RCRA ID No.)				ORQ000014886			
Off-Site Location Name		Wasco County Landfill					
Off-Site Address		2550 Stele Road					
City	Dalles	State	Oregon	County	Wasco	Zip	97058
						Country (Non-US)	
Is location under control of reporting facility or parent company? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
A. Total Transfers (pounds/year*) (enter range code**or estimate)		B. Basis of Estimate (enter code)		C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)			
1. 61,324 250,000		1. M		1. M 64			
2.		2.		2. M			
3.		3.		3. M			
4.		4.		4. M			
SECTION 7A. ON-SITE WASTE TREATMENT METHODS AND EFFICIENCY							
<input checked="" type="checkbox"/> Not Applicable (NA) - Check here if no on-site waste treatment is applied to any waste stream containing the toxic chemical or chemical category.							
a. General Waste Stream (enter code)	b. Waste Treatment Method(s) Sequence (enter 3-character code(s))				c. Range of Influent Concentration	d. Waste Treatment Efficiency Estimate	e. Based on Operating Data?
7A.1a	7A.1b	1	2	7A.1c	7A.1d	7A.1e	
	3	4	5		%	Yes	No
	6	7	8			<input type="checkbox"/>	<input type="checkbox"/>
7A.2a	7A.2b	1	2	7A.2c	7A.2d	7A.2e	
	3	4	5		%	Yes	No
	6	7	8			<input type="checkbox"/>	<input type="checkbox"/>
7A.3a	7A.3b	1	2	7A.3c	7A.3d	7A.3e	
	3	4	5		%	Yes	No
	6	7	8			<input type="checkbox"/>	<input type="checkbox"/>
7A.4a	7A.4b	1	2	7A.4c	7A.4d	7A.4e	
	3	4	5		%	Yes	No
	6	7	8			<input type="checkbox"/>	<input type="checkbox"/>
7A.5a	7A.5b	1	2	7A.5c	7A.5d	7A.5e	
	3	4	5		%	Yes	No
	6	7	8			<input type="checkbox"/>	<input type="checkbox"/>
If additional pages of Part II, Section 6.2/7A are attached, indicate the total number of pages in this box <input type="text"/> and indicate the Part II, Section 6.2/7 page number in this box: <input type="text"/> (example: 1,2,3,etc.)							

FORM R PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)		TRI Facility ID Number 98108RLMJR8531E Toxic Chemical, Category or Generic Name Manganese			
SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES					
<input checked="" type="checkbox"/> Not Applicable (NA) - Check here if no on-site energy recovery is applied to any waste stream containing the toxic chemical or chemical category.					
Energy Recovery Methods [enter 3-character code(s)] 1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/>					
SECTION 7C. ON-SITE RECYCLING PROCESSES					
<input checked="" type="checkbox"/> Not Applicable (NA) - Check here if no on-site recycling is applied to any waste stream containing the toxic chemical or chemical category.					
Recycling Methods [enter 3-character code(s)] 1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 7 <input type="text"/> 8 <input type="text"/> 9 <input type="text"/> 10 <input type="text"/>					
SECTION 8. SOURCE REDUCTION AND RECYCLING ACTIVITIES					
		Column A Prior Year (pounds/year*)	Column B Current Reporting Year (pounds/year*)	Column C Following Year (pounds/year*)	Column D Second Following Year (pounds/year*)
8.1					
8.1a	Total on-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	NA	NA	NA	NA
8.1b	Total other on-site disposal or other releases	NA	NA	NA	NA
8.1c	Total off-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	363,665	86,708 250,000	95,378 280,000	104,917 310,000
8.1d	Total other off-site disposal or other releases	NA	NA 25,000	NA 28,000	NA 31,000
8.2	Quantity used for energy recovery onsite	NA	NA	NA	NA
8.3	Quantity used for energy recovery offsite	NA	NA	NA	NA
8.4	Quantity recycled onsite	NA	NA	NA	NA
8.5	Quantity recycled offsite	NA	NA	NA	NA
8.6	Quantity treated onsite	NA	NA	NA	NA
8.7	Quantity treated offsite	NA	NA	NA	NA
8.8	Quantity released to the environment as a result of remedial actions, catastrophic events, or one-time events not associated with production processes (pounds/year)*				
8.9	Production ratio or activity index	$\frac{2004}{2003} = \frac{6227}{3738} = 1.66$			
8.10	Did your facility engage in any source reduction activities for this chemical during the reporting year? If not, enter "NA" in Section 8.10.1 and answer Section 8.11.				
	Source Reduction Activities [enter code(s)]	Methods to Identify Activity (enter codes)			
8.10.1	NA	a.	b.	c.	
8.10.2		a.	b.	c.	
8.10.3		a.	b.	c.	
8.10.4		a.	b.	c.	
8.11	Is additional information on source reduction, recycling, or pollution control activities included with this report? (Check one box)			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

 <p>FORM R</p> <p>Section 313 of the Emergency Planning and Community Right-to-Know Act of 1986, also Known as Title III of the Superfund Amendments and Reauthorization Act</p>		TRI Facility ID Number	
		98108RLMJR8531E	
		Toxic Chemical, Category or Generic Name	
		Nickel	
<p>WHERE TO SEND COMPLETED FORMS: 1. TRI Data Processing Center P. O. Box 1513 Lanham, MD 20703-1513 ATTN: TOXIC CHEMICAL RELEASE INVENTORY</p> <p>2. APPROPRIATE STATE OFFICE (See instructions in Appendix F)</p>			
<p>Enter "X" here if this is a revision <input checked="" type="checkbox"/> X</p> <p>For EPA use only</p>			
<p>IMPORTANT: See instructions to determine when "Not Applicable (NA)" boxes should be checked.</p>			
<p>PART 1. FACILITY IDENTIFICATION INFORMATION</p>			
<p>SECTION 1. REPORTING YEAR 2004</p>			
<p>SECTION 2. TRADE SECRET INFORMATION</p>			
<p>2.1 Are you claiming the toxic chemical identified on page 2 trade secret?</p> <p><input type="checkbox"/> Yes (Answer question 2.2; Attach substantiation forms) <input checked="" type="checkbox"/> No (Do not answer 2.2; Go to Section 3)</p> <p>2.2 Is this copy <input type="checkbox"/> Sanitized <input type="checkbox"/> Unsanitized</p> <p>(Answer only if "YES" in 2.1)</p>			
<p>SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.)</p> <p>I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.</p>			
Name and official title of owner/operator or senior management official:		Signature:	Date Signed:
Ronald Altier, Vice President Administration		<i>Ronald Altier</i>	6/29/05
<p>SECTION 4. FACILITY IDENTIFICATION</p>			
4.1 Facility or Establishment Name		TRI Facility ID Number	
Jorgensen Forge Corporation		98108RLMJR8531E	
Facility or Establishment Name or Mailing Address (If different from street address)			
Street		Mailing Address	
8531 E Marginal Way S			
City/County/State/Zip Code		Country (Non-US)	
Tukwila, King County WA 98108			
<p>4.2 This report contains information for:</p> <p>(Important: Check a or b; check c or d if applicable) a. <input checked="" type="checkbox"/> An entire facility b. <input type="checkbox"/> Part of a facility c. <input type="checkbox"/> A Federal facility d. <input type="checkbox"/> GOCO</p>			
4.3 Technical Contact Name		Telephone Number (include area code)	
Ronald Altier		(206) 676-9249	
Email Address			
raltier@jorgensenforge.com			
4.4 Public Contact Name		Telephone Number (include area code)	
Ronald Altier		(206) 676-9249	
4.5 SIC Code(s) (4 digits)			
Primary a. 3462 b. c. d. e. f.			
4.6 Latitude		Longitude	
Degrees Minutes Seconds		Degrees Minutes Seconds	
047 31 31		122 18 18	
4.7 Dun & Bradstreet Number (s) (9 digits)		4.9 Facility NPDES Permit Number(s) (9 characters)	
790885842		NA	
4.8 EPA Identification Number (RCRA ID No.) (12 characters)		4.10 Underground Injection Well Code (UIC) I.D. Number(s) (12 digits)	
WAD000602813		NA	
a. b.		a. b.	
NA X		NA X	
<p>SECTION 5. PARENT COMPANY INFORMATION</p>			
5.1 Name of Parent Company		NA <input checked="" type="checkbox"/> X	
5.2 Parent Company's Dun & Bradstreet Number		NA <input checked="" type="checkbox"/> X	

FORM R**PART II. TOXIC CHEMICAL RELEASE INVENTORY REPORTING FORM**

TRI Facility ID Number

98108RLMJR8531E

Toxic Chemical, Category or Generic Name

Nickel

SECTION 1. TOXIC CHEMICAL IDENTITY

(Important: DO NOT complete this section if you completed Section 2 below.)

1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.)																																		
	7440-02-0																																		
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)																																		
	Nickel																																		
1.3	Generic Chemical Name (Important: Complete only if Part I, Section 2.1 is checked "yes". Generic Name must be structurally descriptive.)																																		
1.4	Distribution of Each Member of the Dioxin and Dioxin-like Compounds Category. (If there are any numbers in boxes 1-17, then every field must be filled in with either 0 or some number between 0.01 and 100. Distribution should be reported in percentages and the total should equal 100%. If you do not have specification data available, indicate NA.)																																		
	<table border="1"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td><td>17</td> </tr> <tr> <td>NA</td><td>X</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	NA	X															
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17																			
NA	X																																		

SECTION 2. MIXTURE COMPONENT IDENTITY

(Important: DO NOT complete this section if you completed Section 1 above.)

2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces and punctuation.)

SECTION 3. ACTIVITIES AND USES OF THE TOXIC CHEMICAL AT THE FACILITY

(Important: Check all that apply.)

3.1	Manufacture the toxic chemical:	3.2	Process the toxic chemical:	3.3	Otherwise use the toxic chemical:
a. <input checked="" type="checkbox"/> Produce b. <input type="checkbox"/> Import If produce or import c. <input type="checkbox"/> For on-site use/processing d. <input type="checkbox"/> For sale/distribution e. <input type="checkbox"/> As a byproduct f. <input checked="" type="checkbox"/> As an impurity		a. <input type="checkbox"/> As a reactant b. <input type="checkbox"/> As a formulation component c. <input checked="" type="checkbox"/> As an article component d. <input type="checkbox"/> Repackaging e. <input type="checkbox"/> As an impurity		a. <input type="checkbox"/> As a chemical processing aid b. <input type="checkbox"/> As a manufacturing aid c. <input type="checkbox"/> Ancillary or other use	

SECTION 4. MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ONSITE AT ANY TIME DURING THE CALENDAR YEAR

4.1	02 (Enter two digit code from instruction package.)
-----	---

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE

		A. Total Release (pounds/year*) (Enter a range code** or estimate)	B. Basis of Estimate (enter code)	C. % From Stormwater
5.1	Fugitive or non-point air emissions	NA <input checked="" type="checkbox"/>		
5.2	Stack or point air emissions	NA <input checked="" type="checkbox"/>		
5.3	Discharges to receiving streams or water bodies (enter one name per box)			
Stream or Water Body Name				
5.3.1	NA			
5.3.2	NA			
5.3.3	NA			

If additional pages of Part II, Section 5.3 are attached, indicate the total number of pages in this box and indicate the Part II, Section 5.3 page number in this box. (example: 1,2,3, etc.)

FORM R**PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)**

TRI Facility ID Number

98108RLMJR8531E

Toxic Chemical, Category or Generic Name

Nickel

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE (continued)

	NA	A. Total Release (pounds/year*) (enter range code ** or estimate)	B. Basis of Estimate (enter code)
5.4.1 Underground Injection onsite to Class I Wells	<input checked="" type="checkbox"/>		
5.4.2 Underground Injection onsite to Class II-V Wells	<input checked="" type="checkbox"/>		
5.5 Disposal to land onsite			
5.5.1A RCRA Subtitle C landfills	<input checked="" type="checkbox"/>		
5.5.1B Other landfills	<input checked="" type="checkbox"/>		
5.5.2 Land treatment/application farming	<input checked="" type="checkbox"/>		
5.5.3A RCRA Subtitle C surface impoundments	<input checked="" type="checkbox"/>		
5.5.3B Other surface impoundments	<input checked="" type="checkbox"/>		
5.5.4 Other disposal	<input checked="" type="checkbox"/>		

SECTION 6. TRANSFERS OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS**6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)****6.1.A Total Quantity Transferred to POTWs and Basis of Estimate**6.1.A.1 Total Transfers (pounds/year*)
(enter range code ** or estimate)6.1.A.2 Basis of Estimate
(enter code)

6.1.B	POTW Name				
POTW Address					
City		State		County	
Zip					
6.1.B	POTW Name				
POTW Address					
City		State		County	
Zip					

If additional pages of Part II, Section 6.1 are attached, indicate the total number of pages in this box and indicate the Part II, Section 6.1 page number in this box (example: 1,2,3, etc.)**SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS**

6.2	<input checked="" type="checkbox"/> Off-Site EPA Identification Number (RCRA ID No.)	ORD 089452353			
Off-Site Location Name		Chemical Waste Management of the Northwest			
Off-Site Address		17629 Cedar Springs Lane			
City	Arlington	State	Oregon	County	Gilliam
Zip	97812	Country	(Non-US)		
Is location under control of reporting facility or parent company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

FORM R PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)						TRI Facility ID Number		
						98018RLMJR8531E		
						Toxic Chemical, Category or Generic Name		
						Nickel		
SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS (CONTINUED)								
A. Total Transfers (pounds/year*) (enter range code**or estimate)		B. Basis of Estimate (enter code)		C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)				
1. 698		1. M		1. M 41				
2.		2.		2. M				
3.		3.		3. M				
4.		4.		4. M				
6.2 Off-Site EPA Identification Number (RCRA ID No.)						ORQ000014886		
Off-Site Location Name Wasco County Landfill								
Off-Site Address 2550 Steele Road								
City The Dalles		State OR	County Wasco		Zip 97058		Country (Non-US)	
Is location under control of reporting facility or parent company? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>								
A. Total Transfers (pounds/year*) (enter range code**or estimate)		B. Basis of Estimate (enter code)		C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)				
1. 28,000		1.		1. M				
2.		2.		2. M				
3.		3.		3. M				
4.		4.		4. M				
SECTION 7A. ON-SITE WASTE TREATMENT METHODS AND EFFICIENCY								
<input checked="" type="checkbox"/> Not Applicable (NA) - Check here if no on-site waste treatment is applied to any waste stream containing the toxic chemical or chemical category.								
a. General Waste Stream (enter code)		b. Waste Treatment Method(s) Sequence [enter 3-character code(s)]				c. Range of Influent Concentration	d. Waste Treatment Efficiency Estimate	e. Based on Operating Data?
7A.1a		7A.1b				7A.1c	7A.1d	7A.1e
		<div style="display: flex; justify-content: space-between;"> 12345678 </div>					%	<div style="display: flex; justify-content: space-between;"> YesNo </div>
		<div style="display: flex; justify-content: space-between;"> 345678 </div>						<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/><input type="checkbox"/> </div>
7A.2a		7A.2b				7A.2c	7A.2d	7A.2e
		<div style="display: flex; justify-content: space-between;"> 12345678 </div>					%	<div style="display: flex; justify-content: space-between;"> YesNo </div>
		<div style="display: flex; justify-content: space-between;"> 345678 </div>						<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/><input type="checkbox"/> </div>
7A.3a		7A.3b				7A.3c	7A.3d	7A.3e
		<div style="display: flex; justify-content: space-between;"> 12345678 </div>					%	<div style="display: flex; justify-content: space-between;"> YesNo </div>
		<div style="display: flex; justify-content: space-between;"> 345678 </div>						<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/><input type="checkbox"/> </div>
7A.4a		7A.4b				7A.4c	7A.4d	7A.4e
		<div style="display: flex; justify-content: space-between;"> 12345678 </div>					%	<div style="display: flex; justify-content: space-between;"> YesNo </div>
		<div style="display: flex; justify-content: space-between;"> 345678 </div>						<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/><input type="checkbox"/> </div>
7A.5a		7A.5b				7A.5c	7A.5d	7A.5e
		<div style="display: flex; justify-content: space-between;"> 12345678 </div>					%	<div style="display: flex; justify-content: space-between;"> YesNo </div>
		<div style="display: flex; justify-content: space-between;"> 345678 </div>						<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/><input type="checkbox"/> </div>
If additional pages of Part II, Section 6.2/7A are attached, indicate the total number of pages in this box <input type="text"/>								
and indicate the Part II, Section 6.2/7 page number in this box: <input type="text"/> (example: 1,2,3,etc.)								

FORM R**PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)**

TRI Facility ID Number

98108RLMJR8531E

Toxic Chemical, Category or Generic Name

Nickel

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES☒ Not Applicable (NA) - Check here if no on-site energy recovery is applied to any waste stream containing the toxic chemical or chemical category.

Energy Recovery Methods [enter 3-character code(s)]

1

2

3

SECTION 7C. ON-SITE RECYCLING PROCESSES☒ Not Applicable (NA) - Check here if no on-site recycling is applied to any waste stream containing the toxic chemical or chemical category.

Recycling Methods [enter 3-character code(s)]

1

2

3

4

5

6

7

8

9

10

SECTION 8. SOURCE REDUCTION AND RECYCLING ACTIVITIES

		Column A Prior Year (pounds/year*)	Column B Current Reporting Year (pounds/year*)	Column C Following Year (pounds/year*)	Column D Second Following Year (pounds/year*)
8.1					
8.1a	Total on-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	NA	NA	NA	NA
8.1b	Total other on-site disposal or other releases	NA	NA	NA	NA
8.1c	Total off-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	0	698 28,000	768 31,000	844 34,000
8.1d	Total other off-site disposal or other releases	NA	NA 700	NA 770	NA 850
8.2	Quantity used for energy recovery onsite	NA	NA	NA	NA
8.3	Quantity used for energy recovery offsite	NA	NA	NA	NA
8.4	Quantity recycled onsite	NA	NA	NA	NA
8.5	Quantity recycled offsite	NA	NA	NA	NA
8.6	Quantity treated onsite	NA	NA	NA	NA
8.7	Quantity treated offsite	NA	NA	NA	NA
8.8	Quantity released to the environment as a result of remedial actions, catastrophic events, or one-time events not associated with production processes (pounds/year)*				
8.9	Production ratio or activity index	$\frac{2004}{2003} \frac{6227}{3738} = 1.66$			
8.10	Did your facility engage in any source reduction activities for this chemical during the reporting year? If not, enter "NA" in Section 8.10.1 and answer Section 8.11.				
	Source Reduction Activities [enter code(s)]	Methods to Identify Activity (enter codes)			
8.10.1	NA	a.	b.	c.	
8.10.2		a.	b.	c.	
8.10.3		a.	b.	c.	
8.10.4		a.	b.	c.	
8.11	Is additional information on source reduction, recycling, or pollution control activities included with this report? (Check one box)				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>